MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10 | 540493   **FILING DATE**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51				①		
2		1					52				①		
3		2					53				①		
4		2					54				①		
5	1						55				①		
6		2					56				①		
7	1						57				①		
8		1					58				①		
9							59						
10		3					60						
11		3					61						
12		3					62						
13		3					63						
14		3					64						
15		3					65						
16		①					66						
17							67						
18		①					68						
19		①					69						
20		①					70						
21		①					71						
22		①					72						
23		①					73						
24		①					74						
25		①					75						
26		①					76						
27		①					77						
28		①	1				78						
29		①		1			79						
30		①		1			80						
31		①		1			81						
32		①		1			82						
33	1			1			83						
34		①		1			84						
35		①		1			85						
36		①		1			86						
37		①		1			87						
38		①	1				88						
39		①		1			89						
40				1			90						
41				1			91						
42				1			92						
43				1			93						
44				①			94						
45				①			95						
46				①			96						
47				①			97						
48				①			98						
49				①			99						
50				①			100						
TOTAL IND.	↓		↓		↓		**TOTAL IND.**		↓	2	↓		↓
TOTAL DEP.	←		←		←		**TOTAL DEP.**		←	29	←		←
TOTAL CLAIMS							**TOTAL CLAIMS**			31			

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